

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Gaydos et al.) Art Unit: **2151**
)
Application No. **10/611,360**) Examiner: **Djenane M. Bayard**
)
Filing Date: **June 30, 2003**) Confirmation No.: **2659**
)
For: **METHOD, APPARATUS, AND SYSTEM FOR**)
ASYMMETRICALLY HANDLING CONTENT)
REQUESTS AND CONTENT DELIVERY)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


NEEDLE & ROSENBERG, P.C.
Customer Number 23859

January 15, 2008

Sir:

Transmitted herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input checked="" type="checkbox"/>	Petition For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	49		57	0	X \$50.00		\$0.00
Independent Claims	3		3	0	X \$210.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$370.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input checked="" type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>		\$460.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$230.00
TOTAL FEE DUE							\$230.00

ATTORNEY DOCKET NO. 03224.0003U1
APPLICATION NO. 10/611,360

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$**** for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$230.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

_____/Jason S. Jackson/
Jason S. Jackson
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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(678) 420-9301 (fax)